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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

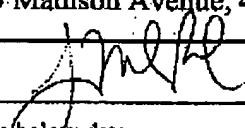
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/768,348	
	Filing Date	30 Jan 2004	
	First Named Inventor	THEMBALATH et al.	
	Group Art Unit	1615	
	Examiner Name	Susan T. TRAN, Esq.	
Total Number of Pages in This Submission	5	Attorney Docket Number	lpca

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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Firm or Individual name	Pharmaceutical Patent Attorneys, LLC 55 Madison Avenue, 4th floor, Morristown NJ 07960-7397 USA
Signature	
Date	See below date

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <input type="text"/>	
Typed or printed name	Mark POHL, Reg. No. 35,325
Signature	Date 16 June 05

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PTO/SB/97 (08-00)

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The submitted papers are enumerated on the enclosed Transmittal Form,  
PTO Form SB/21.

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PTO/SB/17 (10-01)

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**FEE TRANSMITTAL  
for FY 2002**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT (\$)** 1,020.00**Complete if Known**

Application Number	10/768,348
Filing Date	30 Jan 2004
First Named Inventor	R. THEMBALATH et al.
Examiner Name	Susan K. TRAN, Esq.
Group Art Unit	1615
Attorney Docket No.	Ipca

**METHOD OF PAYMENT**

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	
Deposit Account Name	

- ☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status. See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:

☐ Check ☒ Credit card ☐ Money Order ☐ Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	0.00
106 330	206 165	Design filing fee	0.00
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 180	214 90	Provisional filing fee	0.00

**SUBTOTAL (1) (\$)** 0.00**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
21	-20** = 1	50.00	0.00
1	-3** = 0	43.00	0.00
Multiple Dependent		0.00	0.00

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$)** 0.00

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	0.00
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	0.00
139 130	239 130	Non-English specification	0.00
147 2,520	247 2,520	For filing a request for ex parte reexamination	0.00
112 920*	212 920*	Requesting publication of SIR prior to Examiner action	0.00
113 1,840*	213 1,840*	Requesting publication of SIR after Examiner action	0.00
115 110	215 55	Extension for reply within first month	0.00
116 400	216 200	Extension for reply within second month	0.00
117 920	217 460	Extension for reply within third month	1020.00
118 1,440	218 720	Extension for reply within fourth month	0.00
128 1,980	228 980	Extension for reply within fifth month	0.00
119 320	219 160	Notice of Appeal	0.00
120 320	220 160	Filing a brief in support of an appeal	0.00
121 280	221 140	Request for oral hearing	0.00
138 1,510	238 1,510	Petition to institute a public use proceeding	0.00
140 110	240 55	Petition to revive - unavoidable	0.00
141 1,280	241 640	Petition to revive - unintentional	0.00
142 1,280	242 640	Utility issue fee (or release)	0.00
143 480	243 230	Design issue fee	0.00
144 620	244 310	Plant issue fee	0.00
122 130	222 130	Petitions to the Commissioner	0.00
123 50	223 50	Processing fee under 37 CFR 1.17(q)	0.00
126 180	226 180	Submission of Information Disclosure Stmt	0.00
581 40	581 40	Recording each patent assignment per property (times number of properties)	0.00
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	0.00
179 740	279 370	Request for Continued Examination (RCE)	0.00
169 900	269 900	Request for expedited examination of a design application	0.00
Other fee (specify) <u>Issue Fee - Large Entity</u>			0.00

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$)** 1020.00**SUBMITTED BY**

Name (Print/Type)	Mark POHL
Signature	

Registration No. (Attorney/Agent)	35,325
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**Complete (if applicable)**

Telephone	(973) 984-0076
Date	16 June 2005

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